

BEST AVAILABLE COPY

Travel & Business Expense Report

1. Employee No. 57250

2. Name (Last, First, MI) MARKYVECH, RONALD, K. Secy: Carole Hibner		3. Div/Dept. No. 0039 0380		4. Report No.	
		5. Dates of Expense: From 8-29-94		To 8-31-94	
6. Date	Sun	Mon	Tues	Wed	Thurs
7. City State/Country	TRAVERSE MI	MARSHALL MI	MARSHALL MI		Southfield MI
8. Meals	15 35	17 33	16 28		
9. Incidentals					
10. Hotel/Motel	79 76	45 78			123 54
11. Mileage					
12. Accounting Use Only	County Code				
	Per Diem Rate				
	Variance				
13. Telephone		1 79			1 79
14. Taxi, Auto Rental, Local Transp.					
15. Rate _____ per mile (miles) <input type="checkbox"/> Auto Expense Personal <input type="checkbox"/> Leased <input type="checkbox"/>	()	()	()	()	()
16. Employee Purchased Transp.					
17. Entertainment					
18. Parking					
19. *Guest Meals					
20. Company Paid Transportation					
21. Leased Car Maint. (Detail Over)					
22. *Other					14 22
23. Total Expense	94 90	63	11 16 28	14 22	188 51

Account Distribution:

Div.	Gr	Cl	Sub	Dept	Prod	Source	Amount
74	09	900			5956-01	123.54	
		905					
74	09	907			5956-01	48.96	
		920					
74	04	410			5956-01	1.79	
74	02	294			5956-01	14.22	
					Total	188.51	

Advances:
(Cash, Check, Hotel deposits)

Company paid transportation

Carry over from previous report (if applicable)

Amount due employee

Amount due company 188.51

PAID SEP 13 1994

Purpose of Trip: Project # 5956-01 AUTO SPLIT CONCEPT TRANSMISSION DEVELOPMENT
ROAD TRIP-

*Explain Expenditures Above By Day:

Sunday: _____

Monday: LINE 8 PURCHASED BREAKFAST for
TOM GENISE, JOHN DRESDEN AND myself.

Tuesday: LINE 8 PURCHASE LUNCH for
TOM GENISE, JOHN DRESDEN AND myself.

Wednesday: LINE 8 PURCHASE LUNCH for
TOM GENISE, JOHN DRESDEN AND myself.

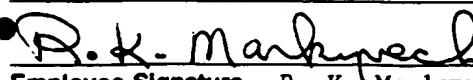
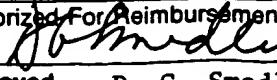
Thursday: _____

Friday: LINE 22 INCLUDED SMALL PARTS
PURCHASED EARLIER FOR THIS PROJECT

Saturday: _____

Exhibit 3

This is a true statement of all expenses incurred by me on behalf of the company for the period indicated.

 8-6-94  9/13/94
 Employee Signature R. K. Markyvech/ch Date Approved D. G. Smedley Date
 9/13/94
 Printed in U.S.A.

BEST AVAILABLE COPY

1. Employee No. 21700

2. Name (Last, First, MI) DR650~U, JOHN III		3. Div/Dept. No. 039	4. Report No. /					
		5. Dates of Expense: From 8-28-94	To 8-31-94					
6. Date	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
7. City		8-29	8-30	8-31				
State/Country								
8. Meals		10 00	15 00	10 00				35 00
9. Incidentals								
10. Hotel/Motel		83 15	45 78	53 41				128 93
11. Subtotal								127 36 56
2. Accounting Use Only	County Code							
	Per Diem Rate							
	Variance							
3. Telephone								
4. Taxi, Auto Rental, Local Transp.								7 63
5. Rate _____ per mile (miles) () () () () () () () ()								
Auto Expense Personal <input type="checkbox"/> Leased <input type="checkbox"/>								
6. Employee Purchased Transp.								
7. Entertainment								
8. Parking								
9. Guest Meals								
10. Company Paid Transportation								
11. Leased Car Maint. (Detail Over)								
12. Other		6 35						6 35
13. Total Expense		99 50	68 41	10 00				177 91

Account Distribution:

Div.	Gr	Cl	Sub	Dept	Prod	Source	Amount
74	09	900			5956-01	128.93	
		905					
74	09	907			5956-01	35.00	
		920					
74	04	410			5956-01	7.63	
74	02	294			5956-01	6.35	
					Total	177.91	

Advances:
(Cash, Check, Hotel deposits)

Company paid transportation

Carry over from previous
report (if applicable)

Amount due employee _____

177 91

Amount due company _____

5956-7841D SEP 13 1994

Purpose of Trip: TEST AUTO SPLIT TEAMS

Explain Expenditures Above By Day:

Monday:

Wednesday:

Tuesday: PART FOR TRUCK RADIO

Thursday:

Wednesday:

Friday:

This is a true statement of all expenses incurred by me on behalf of the company for the period indicated.

John D. Davis

9-5-94

Authorized For Reimbursement

R.D. Saul

9/7/94

Employee Signature

Date Approved

9/13/94

Date

Printed in U.S.A.